

Inventory No. \_\_\_\_\_  
Agency Use Only

## SHALLOW INJECTION WELL INVENTORY FORM



**IDAHO DEPARTMENT OF WATER RESOURCES**  
322 East Front St., P.O. Box 83720, Boise, ID 83720-0098  
Under the Provisions of Title 42, Chapter 39 of the Idaho Code

See page 4 of this form for General Instructions

### I. GENERAL INFORMATION

#### A. Applicant Name and Address (Current Owner or Developer):

Applicant Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. 1 \_\_\_\_\_ Phone No. 2 \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

#### B. Legal Contact Name and Address (Future Responsible Entity or "Same" if as above):

☐ Legal Owner ☐ Operator or Representative

Contact Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. 1 \_\_\_\_\_ Phone No. 2 \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

#### C. Facility Information:

Facility or Subdivision Name \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_  
Street Address or Major Cross Roads \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Facility Phone No. \_\_\_\_\_

#### D. Project Engineer:

Name \_\_\_\_\_  
Engineering Firm Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. 1 \_\_\_\_\_ Phone No. 2 \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

#### E. Injection Well Sub-Class:

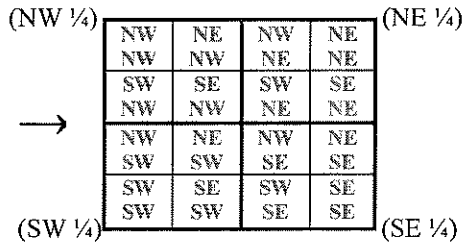
- ☐ 5D02 Storm Water Runoff (Roadway/Pavement Drainage)  
☐ 5A07 Closed-Loop Heat Pump Return (H<sub>2</sub>O Temp < 85°F)  
☐ 5X28 Service Station Wells (Motor Vehicle Waste Disposal)  
☐ 5X26 Aquifer Remediation  
☐ Other Specify Sub-Class (Section E, General Instructions on p.4) \_\_\_\_\_

## II. LOCATION INFORMATION

### A. Well Location Legal Description: (Attach map if available)

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ ( $\frac{1}{4}$ ,  $\frac{1}{4}$ ,  $\frac{1}{4}$ ) \_\_\_\_\_ ( $\frac{1}{4}$ ,  $\frac{1}{4}$ ) \_\_\_\_\_ ( $\frac{1}{4}$  Section) \_\_\_\_\_  
County \_\_\_\_\_

Indicate  
Location of  
Well on Map  
by placing an  
"X" through  
Appropriate  
 $\frac{1}{4}$ ,  $\frac{1}{4}$  Section



Refer to Your  
Property Tax  
Statements for  
Correct Legal  
Description  
Information

Section Map ( $\frac{1}{4}$ ,  $\frac{1}{4}$  Sections)

### B. Global Positioning System Location:

Latitude (deg/min/sec) \_\_\_\_\_ Longitude (deg/min/sec) \_\_\_\_\_  
Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Datum \_\_\_\_\_

### C. If State or Local Highway Entity:

Ft. \_\_\_\_\_ Direction \_\_\_\_\_ To Milepost No. \_\_\_\_\_ Hwy. No. \_\_\_\_\_ ☐ EBL ☐ WBL ☐ Median

### D. Is the Well/Facility Located on Indian Lands?

☐ Yes ☐ No

## III. TECHNICAL DATA

### A. Type of Well Construction:

- ☐ a. Infiltration Gallery ☐ b. French Drain ☐ c. Pre-cast Open Bottom Dry Well  
☐ d. Cased Injection Well ☐ e. Other \_\_\_\_\_  
(include drawing with form)

Construction Date (indicate Actual, Approximate or Anticipated): \_\_\_\_\_

### B. Injection Pre-treatment Facilities:

- ☐ a. Sediment Basin ☐ b. Sand Filtration ☐ c. Vegetative Filter Strip or Swale  
☐ d. Oil & Grease Trap ☐ e. Sand & Grease Trap ☐ f. Other \_\_\_\_\_

### C. Size of Completed Opening Through Which Fluid First Enters the Subsurface:

a. Length \_\_\_\_\_ in., b. Width \_\_\_\_\_ in., or c. Diameter \_\_\_\_\_ in.

### D. Total Excavated Dimensions (Completed Injection Facility):

a. Length \_\_\_\_\_ ft., b. Width \_\_\_\_\_ ft., c. Depth \_\_\_\_\_ ft.

### E. Nearest Domestic Well and Surface Water:

Distance to Nearest Domestic Well \_\_\_\_\_ (ft) Direction \_\_\_\_\_  
Distance to Nearest Surface Water \_\_\_\_\_ (ft) Direction \_\_\_\_\_

#### IV. WELL OPERATION AND SITE DESCRIPTION

**A. Description of Well Operation and Waste Stream:**

**List constituents and concentrations in waste stream** (list agricultural, automotive or industrial chemicals, tracers, anti-bacterial, anti-corrosive, anti-freeze, or other treatment agents):

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**Is the injection well part of an approved contamination remediation system?** ☐ Yes ☐ No

If yes, please attach a copy of the signed regulatory approval for the remediation action, description of the remediation system, and intended use of the injection well.

**B. Site Description:**

Depth to Highest Seasonal Ground Water \_\_\_\_\_ ft. ☐ Estimated ☐ Measured (Date \_\_\_\_\_)

10' separation between Seasonal High Ground Water and Injection Depth: ☐ Yes ☐ No

For less than 10 ft. separation: justification for waiver and BMP#(s) \_\_\_\_\_

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#### V. ATTACHMENTS (Note: Attach additional sheets as needed)

- ☐ a. Site Maps Showing Well Locations
- ☐ b. Design Plans and Other Drawings or Schematics
- ☐ c. If Remediation Project: Project Summary including Geology, Analysis Results, Projection Description, Target Depth, and other applicable information.
- ☐ d. Copy of Reference From Technical Guidance Manual
- ☐ e. Name of Technical Guidance Manual and Agency Issuing Manual \_\_\_\_\_
- ☐ f. Other \_\_\_\_\_

#### VI. CERTIFICATION STATEMENT

I certify under penalty of law that there are no discharges of hazardous substances or other fluids in amounts that may endanger an underground source of drinking water from the injection well(s) identified on this inventory form.

Additionally, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

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## General Instructions For Form 42-39-6

- A. For projects with multiple wells with the same General Information, sections II. and III. must be completed for each injection well, but only one copy of sections I., IV., V., and VI. is required per facility.
- B. A seventy-five dollar (\$75.00) filing fee must be submitted for each shallow injection well. If applicant or current responsible party is a state or local government entity exemption from filing fee applies.
- C. All sections of this form must be complete and accurate. Incomplete forms will be returned to applicant. The information submitted is subject to verification by IDWR or its agents.
- D. Submit form and accompanying filing fees to the appropriate UIC contact listed below:

**For commercial, industrial and residential development systems within Boise City limits:**  
Brian Murphy, Boise City Hall P.O. Box 500 Boise, ID 83701- 0500, (208) 384-3744.

**For all systems located within Benewah, Bonner, Boundary, Kootenai, or Shoshone County:** Annette Duerock, Panhandle Health District 8500 N. Atlas Rd. Hayden, ID 83835, (208) 415-5200.

**For all other systems throughout Idaho:** UIC Program, Idaho Department of Water Resources 322 E. Front St., P.O. Box 83720 Boise, ID 83720-0098, (208) 287-4800.

### E. Injection Well Sub-Classification Codes:

5A05	Electric Power Generation	5W10	Cesspools
5A06	Geothermal Heat (H <sub>2</sub> O Temp > 85°C)	5W11	Spetic Systems (General)
5A07	Closed-Loop Heat Pump Return (H <sub>2</sub> O Temp < 85°C)	5W12	Water Treatment Plant Effluent
5A08	Aquaculture Return Flow	5W20	Industrial Porcess Water
5A19	Cooling Water Return (Industrial Cooling)	5W31	Septic Systems (Well Disposal)
5B22	Saline Water Intrusion Barrier	5W32	Septic Systems (w/ Drainfield)
5D02	Storm Water Runoff (Roadway/Pavement Drainage)	5X13	Mine Tailing Backfill
5D03	Improved Sinkholes	5X14	Solution Mining
5D04	Industrial Storm Runoff (Building/Pavement Drainage)	5X15	In-Situ Fossil Fuel Recovery
5F01	Agricultural Runoff Waste (Agricultural Drainage)	5X16	Spent Brine Return Flow
5G30	Special Drainage Water (Rarely Used)	5X25	Experimental Technology
5N24	Low-Level Radioactive Waste	5X26	Aquifer Remediation
5R21	Aquifer Storage & Recharge	5X27	Other Well (Rarely Used)
5S23	Subsidence Control	5X28	Service Station Wells (Motor Vehicle Waste Disposal)
5W09	Untreated Sewage	5X29	Abandoned Drinking Wells (Converted from Domestic)

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### For Department Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_ Reviewed By \_\_\_\_\_  
Fees \_\_\_\_\_ Receipted by \_\_\_\_\_ Receipt No. \_\_\_\_\_